



YMCA OF CASS AND CLAY COUNTIES
Application for One Day Volunteer

4243 19th Avenue South
Fargo, ND 58103
701-281-0126

Mission:

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Date: _____

Name: _____
Last First Middle

Present Address: _____

City State Zip Code

Telephone Number: _____ E-Mail Address: _____

Emergency Contact: _____ Phone Number: _____

Have you previously been employed or volunteered at the YMCA of Cass and Clay Counties?

Yes No (If yes, give dates and position) _____

Please list any other legal names you have held: _____

YMCA of Cass and Clay Counties Agreement

I CERTIFY THAT:

- All statements that I have made on this application and any accompanying resume or documentation, as well as during the selection process are true and complete.
- I have withheld nothing that would, if disclosed, affect this application unfavorably.

I AUTHORIZE:

- The Company to investigate the information contained in this application or otherwise provided by me and I release the Company (and its employees and agents) from any and all liability for seeking information and opinions on me.
- All employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and I hereby release them (and their employees and agents) from all liability for providing such information.

I UNDERSTAND THAT:

- Any misleading information, omission, or misrepresentation may result in refusal of providing services to the YMCA.
- All offers are conditional upon the results of a criminal background check.
- I am subject to drug testing on a reasonable suspicion basis.
- I am not receiving any compensation from the YMCA for any services performed.
- I must provide my own medical insurance or be willing to cover the costs of injuries or illness requiring medical intervention, if any were to occur, during my term of service.
- I will not hold the YMCA responsible for Workers Compensation insurance or any other type of insurance coverage.
- I am responsible for protecting the confidentiality of membership information, parent/child information, systems, confidential conversations, and any sensitive material obtained as a result of performing any services.
- Any security violation, unauthorized access and information obtained therein, misuse or breach of confidentiality with respect to confidential information may result in the termination of my services to the YMCA.
- I am to inform the Volunteer Coordinator or the staff supervisor about any changes in my status so that information can be kept accurate.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT (if under age 18)

DATE

If you have any questions please feel free to contact the volunteer program assistant at
701-356-1470

Thank you for your interest in the YMCA!